

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

10/539677

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			1			
4						
5						
6						
7						
8			1			
9						
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12			1			
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37			1			
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48						
49						
50						
TOTAL REQ.			4			
TOTAL DEP.			20			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL REQ.						
TOTAL DEP.						
TOTAL CLAIMS						